

The State of New Hampshire

_____ COUNTY

PROBATE COURT

IN RE: Estate of _____

DOCKET NUMBER: _____

MOTION FOR SUMMARY ADMINISTRATION

Executor/Administrator Name _____ Telephone _____

Mailing Address _____

- | | | |
|--|-----|----|
| 1. The estate of the decedent has been open for at least 6 months. | Yes | No |
| 2. To the best of my knowledge and belief, there are no outstanding debts, obligations or unpaid or unresolved claims attributable to the deceased's estate. | Yes | No |
| 3. No New Hampshire estate or inheritance taxes are due; OR all applicable New Hampshire estate and inheritance taxes have been paid and a certificate from the department of revenue administration under RSA 86:32 and/or 87:25 has been filed with the court. | Yes | No |
| 4. No federal estate tax is due; OR the federal estate tax return has been filed and all taxes reported thereon have been paid. | Yes | No |
| 5. Court supervision of the administration of the estate is no longer necessary. | Yes | No |
| 6. The administration of the estate will be completed without further court supervision in accordance with the decedent's will and applicable law. | Yes | No |
| 7. Attached are either receipts or assents from all specific legatees, and assents from all other persons beneficially interested, as defined in RSA 550:12. | Yes | No |

Date: _____
_____ Executor / Administrator

THE STATE OF NEW HAMPSHIRE

_____ COUNTY DATE _____

Personally appeared the above named person and made oath that the foregoing statements made are true, according to his/her best knowledge and belief. Before me,

My Commission Expires _____
Affix Seal _____ Justice of the Peace/Notary Public

ORDER

- ☐ Motion for summary administration is granted.
- ☐ Motion for summary administration is denied.

Date: _____
_____ Judge